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REPORT OF RECEIPTS AND DISBURSEMENTS

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FORM	13		Authorized Committee			Office Use Only			
1. NAME C	OF ITEE (in full)	TYPE OR PRINT ▼		ple: If typing, type the lines.	12FE4	M5			
LEE CR	UZ VICTOR	Y COMMITTEE		<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>				
ADDRESS (n	umber and street)	815A BRAZOS	1 1 1 1	1. 1 1 1 1 1					
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2. FEC ID	ENTIFICATION	NUMBER ▼	CITY		STATE		CODE A TATE ▼ DISTRICT		
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5. Covering		04 / 01 / Y			_		Y		
Type or Print	t Name of Treas	urer CABELL HOBES	11111	CABELL HOBE	S TREAS	UDER_			
Signature of	Treasurer	CABELL HOBBS	Ill Hinh	ζ	Date	10 / 14	2014		
NOTE: Submi	ssion of false, e	roneous, or incomplete inf	ormation may sub	oject the person sig	ning this Report	to the penalties	of 2 U.S.C. §437g.		
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